

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032178

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4508

FILED SEP 11 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b

60 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

8134 Summit

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. CITY
OR
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

8134 Summit

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

MARY

ROSE

CARTER

4. DATE
OF
DEATH

Month

Day

Year

August

12

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-13-1882

9. AGE (last birthday)

80

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shirley Pleating Co.

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (City and state or country)

Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Michael Norton

13b. MOTHER'S MAIDEN NAME

Helen Moran

14. NAME OF HUSBAND OR WIFE

Harry Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Helen Sansone

8134 Summit

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

years

DUE TO (b)

atherosclerosis

years

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Anemia & malnutrition & senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 25, 1963, to 8-12-63 and last saw her alive on 8-12-63. Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thos. M. Muehlebach D.O.

22b. ADDRESS

314 Main Belton, Mo

22c. DATE SIGNED

8-13-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Muehlebach

6800 Troost

25. DATE RECD. BY LOCAL REG.

8-13-63

26. REGISTRAR'S SIGNATURE

Reeth Long

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Notary

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert H. Landes

Licensed Embalmer No.

5103

P. O. Address

K.C. Mo.

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.